

Female genital mutilation: a contemporary issue, and a Victorian obsession

John Black MD FRCP

J R Soc Med 1997;90:402-405

The death last year of an 11-year-old girl in Egypt¹ after genital mutilation (circumcision) performed by a barber drew attention again to this widespread and dangerous practice. The operation, in various forms, is practised in 26 African countries, in some of the Gulf States, and by some Muslims in Malaysia and Indonesia; there are, however, several Muslim states where the operation is not performed. The custom has been justified on the grounds that it improves female hygiene and enhances male pleasure during intercourse; neither of these can be substantiated. Though the operation is endorsed and usually arranged by women, the true reason for its survival is that it is an exercise in male supremacy; clitoridectomy is supposed to reduce female sexual desire, and the more extensive procedure of infibulation is intended to ensure virginity before marriage.

The custom has been condemned by the United Nations Convention on the Rights of the Child, and by numerous national and international bodies. Nevertheless, it is estimated that between 70% and 80% of women in (for example) Egypt, Sudan, Ethiopia, and Somalia have had the operation.

Female genital mutilation is known to be arranged secretly, in their adoptive countries or in Africa, among some of the refugee communities in Britain and elsewhere². After the tragedy in Egypt the Health Minister banned the operation in state hospitals, but this may increase the number of operations performed by unqualified practitioners. In Britain the procedure was made illegal in 1985; it has also been banned in Belgium, Sweden, and Burkina Faso, and lately (March 1997) also in the USA³. After a long legal battle a woman from Togo was granted asylum in the USA⁴ on the grounds that she feared she would be forced to undergo clitoridectomy if she was returned to Togo. In Canada this has long been accepted as grounds for asylum.

Before we censure parents who genuinely believe that they are doing the best for their daughters we should reflect that it is not long since our attitudes to female sexuality and mental and physical disease in women gave rise, mainly in Britain and the USA, to the subjection of ill or mentally disturbed women to clitoridectomy as a cure for their

symptoms; this was a gross form of surgical malpractice for which there was no sound basis.

CLITORIDECTOMY AND THE SAD FATE OF ISAAC BAKER BROWN

Ever since the Lord slew Onan because he spilled his seed on the ground rather than impregnate his brother's widow (*Genesis* 38, viii-x), 'onanism' has been used to describe both coitus interruptus and masturbation⁵, originally in males and by extension, in females. During the eighteenth and early nineteenth centuries, in order to sell their 'cures', quacks publicized the idea that the spilling of seed, whether by masturbation or withdrawal, led to physical debility or worse. Numerous books and pamphlets on the subject were published: one of the best known was an anonymous book entitled *Of the Crime of Onan . . . or the Heinous Vice of Self-Defilement* (1717)⁶, which set out to terrify the reader with the horrible fate of those who indulged in the 'school-wickedness'. During the Victorian period in particular, the upper and middle classes attempted to deny women's sexuality, and it was agreed among the predominantly male medical profession that female sexual desire did not exist, or if it did, that it should be rigorously suppressed. However, it was conceded that 'some of the lower orders might admit to wanting sexual gratification'⁷. Elaine Showalter⁸ quoted Dr Edward Tilt's (1851) view that menstruation was so dangerous to the female brain that it should be retarded as long as possible. He advised mothers to prevent menarche by ensuring that their teenage daughters remained in the nursery, took cold showers, avoided feather beds and novels, eliminated meat from their diet and wore drawers. Tilt wrote that late menarche was 'the principal cause of the pre-eminence of English women, in vigour of constitution, soundness of judgement, and . . . rectitude of moral principle.'

Concern about self-abuse in women even extended to the suggestion that they should not be allowed to operate treadle sewing machines in factories⁷. Kathryn Hughes, in *The Victorian Governess*⁹, quotes three references to female masturbation, all strongly condemning it. There was a firm conviction that female masturbation was the cause of much mental and physical ill-health in upper and middle class women, but working class women were apparently exempt.

This obsession with the harmful effects of masturbation in women reached an extreme form in the activities and writing of Isaac Baker Brown (Figure 1), a noted gynaecologist and one of the founders of St Mary's Hospital in London. Baker Brown was a brilliant surgeon who pioneered a number of surgical advances, the most important being the use of the cautery in the treatment of the pedicle after 'ovariotomy' (oophorectomy)¹⁰. He was one of the first to use chloroform anaesthesia in gynaecology¹¹. In 1865 he was elected President of the Medical Society of London.

Between 1859 and 1866 he performed several clitoridectomies, sometimes with excision of the labia minora, at the London Surgical Home at 63 Stanley Terrace, Notting Hill, of which he was one of the founders. In 1866 he published a book entitled *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females*¹² (Figure 2). He included a sycophantic dedication to Dr E Brown-Séquard, the physiologist whose work he quoted in support of his views (Brown-Séquard did not agree).

Brown believed that masturbation caused a sequence of events, starting with 'hysteria (including dyspepsia and menstrual irregularities)' and 'spinal irritation with reflex action on the uterus, ovaries etc, and giving rise to uterine displacements, amaurosis, hemiplegia, paraplegia etc', progressing to 'epileptoid fits or hysterical epilepsy',



Figure 1 Brown at the age of 40 years. This portrait appeared in the *Medical Circular and General Advertiser* 1852 (vol 1: p. 261). The portraits of Baker Brown and William Chowne were accidentally transposed, the drawing of Brown being followed by a biographical notice of Chowne and vice versa.

ON THE CURABILITY OF CERTAIN FORMS OF INSANITY, EPILEPSY, CATALEPSY, AND HYSTERIA IN FEMALES.

BY

BAKER BROWN, F.R.C.S. (EXAM.)

SENIOR SURGEON TO THE LONDON SURGICAL HOME;
LATE SURGEON-ACCOUNTEES TO, AND LECTURER ON MIDWIFERY AND DISEASES OF
WOMEN AND CHILDREN AT, ST. MARY'S HOSPITAL;
LATE CONSULTING SURGEON TO THE WESTBOURNE DISPENSARY AND PADDINGTON LYING-
IN CHARITY;
PRESIDENT OF THE MEDICAL SOCIETY OF LONDON;
FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON;
MEMBER OF THE HARVEIAN SOCIETY;
CORRESPONDING FELLOW OF THE OBSTETRICAL SOCIETY OF BERLIN;
HON. FELLOW OF THE GENERAL ASSOCIATION OF SURGEONS, NORTHERN GERMANY;
MEMBER OF THE BROOKLYN MEDICAL AND SURGICAL SOCIETY;
CORRESPONDING MEMBER OF THE SOCIETY OF MEDICAL SCIENCE OF BRUSSELS;
CORRESPONDING MEMBER OF THE PHYSIO-MEDICAL AND STATISTICAL SOCIETY OF MILAN;
HON. CORRESPONDING MEMBER OF THE MEDICAL SOCIETY OF NORWAY, ETC.



LONDON:

ROBERT HARDWICKE, 192, PICCADILLY, W.

1866.

Figure 2 Title page of Baker Brown's book

'cataleptic fits', 'epileptic fits', 'idiocy', 'mania', and death. He wrote:

Long and frequent observation convinced me that a large number of affections peculiar to females, depended upon loss of nerve power, and that this was produced by peripheral irritation, arising originally in some branches of the pudic nerve, more particularly the incident nerve supplying the clitoris, and sometimes the small branches which supply the vagina, the perinaeum, and anus . . . Nor are functional disorders the only consequence, but in some cases, severe organic lesions.

The description continues:

The period when such illness attacks the patient is about the age of puberty, and from that time up to almost any age the following train of symptoms may be observed, some being more or less marked in various cases.

The patient becomes restless and excited or melancholy and retiring; listless and indifferent to the social influences of domestic life . . . There will be wasting of the face and muscles generally; the skin sometimes dry and harsh, at other times cold and clammy. The pupils will be sometimes firmly contracted, but generally much

dilated . . . To these symptoms in the single female will be added, in the married, distaste for marital intercourse and very frequently either sterility or a tendency to abort in the early months of pregnancy.

These physical evidences of derangement, if left unchecked, gradually lead to more serious consequences. The patient either becomes a confirmed invalid, always ailing, and confined to bed or sofa, or on the other hand, will become subject to catalepsy, epilepsy, idiocy, or insanity.

The physical signs he considered pathognomonic were:

the peculiar straight and coarse hirsute growth; the depression in the centre of the perinaeum; the peculiar follicular secretion; the alteration of structure of the parts, mucous membrane taking on the character of skin; and muscle becoming hypertrophied and generally tending towards a fibrous or cartilaginous degeneration.

Brown described 47 patients in his book. Most of them were clearly hysterical, but some appear to have been depressed or hypomanic. He wrote, 'I have no hesitation in saying that in no case am I more certain of a permanent cure than in acute nympho-mania'. For a typical case history (except for the admission of self-abuse), see Box 1.

Box 1 Typical case history (abbreviated)

Case XXXI Cataleptic Fits—Two Years Duration—Operation—Cure.

M.N., aet. 17: admitted into the London Surgical Home September 4, 1861.

History: Was perfectly well up to the age of fifteen when she went to a boarding school in the West of England. In the course of three or four months she became subject to all symptoms of hysteria, and from that time gradually got worse, having fits, at first mild in character and of rare occurrence, but gradually more severe and frequent, till she became a confirmed cataleptic.

. . . So sensitive was she, that if anyone merely touched her bed, or walked across the room, she would immediately be thrown into the cataleptic state.

Before making any personal examination, Mr Brown ascertained both from her mother and herself that she had long indulged in self-excitation of the clitoris, having been first taught by a school-fellow. . . .

The day after admission she was operated upon, and from that date she never had a fit. . . . Five weeks after the operation she walked all over Westminster Abbey, whereas for quite a year and a half before treatment she had been incapable of the slightest exertion.

The operations were conducted under chloroform anaesthesia; he never operated before the age of 10 years. His results, often with little or no follow-up, were as follows: 'cure' 42 cases, 'relief' 2 cases, 'relief but not permanent benefit' 1 case, 'rapid improvement' 1 case, and 'no benefit' 1 case. He described this last patient as being 'a regular impostor, and discovered on several occasions tying handkerchiefs, etc, tightly round her waist to make her abdomen swell. She was discharged as incurable. Remarks:

This case I have inserted as a warning. It is no fault of the operation if it fails in such cases'.

The term masturbation was never used in the book, and in only two cases did 'self-excitation' and 'incessantly irritating her genitalia' appear in histories. It seems likely that patients were accepted for treatment on the basis of their nervous symptoms, and that Brown inferred the habit of masturbation from the general symptomatology and his physical examination.

The book caused an uproar; a lengthy and acrimonious correspondence ensued in the *British Medical Journal* and *The Lancet*. On 28 April 1866 the *BMJ* carried an unsigned review accusing Brown of misrepresenting his operation as a cure for nervous disorders whereas it was a cure for masturbation¹⁴. Shortly after this, the journal published an 'opinion' by Dr Charles West, one of the founders of The Hospital for Sick Children, London, who was also a specialist in women's diseases. West threw doubt on Brown's 'cures' and wrote, 'I have never seen in the whole of my practice convulsions, epilepsy, or idiocy induced by masturbation in any child of either sex . . . neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty was due to masturbation as its effective cause'¹⁴. Dr Henry Maudsley (after whom the psychiatric hospital in South London is named) also declared that 'self-abuse was not the cause, but a consequence of insanity'¹⁵.

On 22 December 1866 the *BMJ* drew attention to an article in *The Times* of 15 December that described Baker Brown's 'Home', adding that 'women are received who are of unsound mind', and 'In it the great experiment is being made, for the first time, of endeavouring to cure mental diseases by surgical operation'¹⁶. The *BMJ* drew the attention of the Lunacy Commissioners to the *Times* article, and the Secretary to the Commissioners wrote (the *BMJ* published the letter at their request) to Brown asking whether it was true that 'females of unsound mind' were admitted to the 'Home'¹⁷. Brown at first denied this, but was confronted by the editor of the *BMJ* (the journal seems to have had a particular animus towards Brown) who cited five cases described in his book as suffering from 'mania', 'idiocy', and 'dementia'¹⁸. There was no reply to this.

Finally, the Council of the Obstetrical Society recommended Brown's expulsion from the Society¹⁹. On 3 April 1867 the Fellows met, with Baker Brown present. It was a rowdy meeting, with numerous interruptions. The *BMJ* reported the meeting very fully, in fifteen pages²⁰. Mr Seymour Haden proposed the resolution of expulsion. Haden described clitoridectomy and the supposed cures as a form of quackery. 'Having made the specious promises [of cure] what wonder that some poor weak woman, or even a weaker man should take a wife or a daughter to the Home and place her under the promoter of this scheme'. He drew

a picture of Brown's promotional activities, with a 'General Meeting called with few, very few people . . . a weak clergyman is sure to be put in the Chair, that is certain'. Haden described Brown's publicity campaigns in which he sent appeals to the middle classes for money and to 'the upper classes and that is for patronage, with a long list of great names, headed by the Princess of Wales'. Brown was also accused of falsifying the records of the London Surgical Home and of performing clitoridectomies without the patient's knowledge of the extent of the operation, and without her permission or that of her medical attendant. Haden concluded that 'the end and aim of this particular form of quackery is an operation which is in itself a mutilation'. Brown defended himself robustly, claiming that 'clitoridectomy is nothing more or less than circumcision (cries of Oh! Oh!). You may say Oh! Oh! but I maintain that clitoridectomy is nothing more than circumcision (loud laughter, hisses and groans)'²⁰. The motion was carried by 154 votes to 38, with 5 abstentions.

Three weeks later the *BMJ*²¹, in an annotation, acidly remarked:

Acting the part of impartial annalists, we feel bound to record the following, which we take from the *Standard* of April 18th. 'Baker Brown Testimonial. This testimonial was presented yesterday at the private residence of Mr Brown. The testimonial was of the value of three hundred guineas and has been subscribed for by nearly as many persons, either professional admirers or grateful patients of Mr Brown. It consists of a silver dessert service of six pieces—a centre-piece, plateau, and four fruit stands, en suite. The centre-piece has six arms, and a centre-glass for either flowers or fruit: and the crest of Mr Brown is introduced at the base. The following is the inscription 'Presented to Baker Brown Esq., FRCS (Examd), by several of the nobility, gentry and members of the medical profession, both in this country and abroad, in token of their appreciation of his marked surgical skill and singular success in the treatment of female diseases. March 1867.'

The publicity occasioned by his book and his expulsion from the Obstetrical Society ruined his career. On 3 August 1867 the *BMJ* announced his resignation from the London Surgical Home on account of 'the state of his health'²². The Home continued until 1870, having changed its name and address several times¹⁰. Brown was reduced to penury; he was by now severely disabled after several strokes, and spent some time in a 'hydropathic establishment at Beulah Spa'²³. A Baker Brown Fund was set up and on 18 January 1873 it was reported in *The Lancet* that £404 10s 6d had been collected. Brown died on 3 February 1873 at the age of 61, having been helpless for a year. A necropsy showed 'recent and old clots in the brain and partial softening of its substance'²⁴. A further letter in *The Lancet* announced that the balance of the fund (£217 17s 10d) was to be made

available for the benefit of his widow, his children aged 8, 7 and 5 and a 'crippled daughter of Brown's by his former wife'²⁵. The unkindest cut, though possibly true, was made by Lawson Tait in 1888, in a reappraisal of Brown's work; he wrote that Brown 'had carried his work to a most injudicious extent, due to the fact that he was suffering from very extensive cerebral softening, and was incapable of forming a sound judgement'²⁶. The operation gradually fell into disuse, and seems to have been last performed in the USA during the 1890s²⁷.

REFERENCES

- 1 Wiens J. Female circumcision is curbed in Egypt. *BMJ* 1996;313:249
- 2 Black JA, DeBelle GD. Female genital mutilation in Britain. *BMJ* 1995;310:1590-7
- 3 MacCreedy N. Female genital mutilation outlawed in the United States. *BMJ* 1996;313:1103
- 4 Roberts J. US grants asylum to woman fleeing clitoridectomy. *BMJ* 1996; 312:1631
- 5 McLaren A. *Birth Control in Nineteenth Century England*. London: Croom Helm, 1978:25
- 6 Anonymous. *Of the Crime of Onan*. London: 1717: 30 (cited by McLaren A, Ref 5)
- 7 Duffy J. Masturbation and clitoridectomy: A nineteenth century view. *JAMA* 1966;67:246-8
- 8 Showalter E. *The Female Malady: Women, Madness and English Culture, 1830-1980*. London: Virago Press, 1995:75
- 9 Hughes K. *The Victorian Governess*. London: Hambledon Press, 1993:15, 20, 135
- 10 Anonymous. Obituary: Isaac Baker Brown, FRCS. *Lancet* 1873; i:222
- 11 Fleming JB. Clitoridectomy—the disastrous downfall of Isaac Baker Brown, FRCS (1873). *J Obstet Gynaecol Br Emp* 1966;67:1017-34
- 12 Brown B. *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females*. London: Hardwicke, 1866
- 13 Anonymous. Reviews and notices. *BMJ* 1866;i:438-40
- 14 West C. Clitoridectomy. *BMJ* 1866;ii:585
- 15 Maudsley H. Clitoridectomy. *BMJ* 1866;ii:705
- 16 Anonymous. The week. *BMJ* 1866;ii:702
- 17 Phillips CD. Correspondence. *BMJ* 1867;i:94
- 18 Anonymous. Surgery for lunatics. *BMJ* 1867;i:144
- 19 Murray GWP, Gervis H. The Obstetrical Society. *BMJ* 1867;i:271
- 20 Anonymous. The Obstetrical Society. *BMJ* 1867;i:395-400
- 21 Anonymous. The Baker Brown Testimonial. *BMJ* 1867;i:489
- 22 Anonymous. The London Surgical Home. *BMJ* 1867;ii:98
- 23 Winslow F. Mr Isaac Baker Brown. *Lancet* 1873;i:158-9
- 24 Anonymous. Obituary. *BMJ* 1873;i:158-9
- 25 Winslow F. The late Mr Isaac Baker Brown, FRCS. *Lancet* 1873;i:361
- 26 Tait RL. Masturbation. *Medical News (New York)* 1888;53:1-3
- 27 Bloch AJ. Sexual perversion in females. *New Orleans Med Surg J (NS)* 1894;5:22:1-7 (cited by Duffy J, Ref 7).